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| **Case Number:** | CM14-0129847 | | |
| **Date Assigned:** | 08/20/2014 | **Date of Injury:** | 09/03/2013 |
| **Decision Date:** | 09/24/2014 | **UR Denial Date:** | 07/30/2014 |
| **Priority:** | Standard | **Application Received:** | 08/14/2014 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who reported an injury on 09/03/2013 while descending a ladder after putting a Christmas bow on top of a tree and the ladder tipped to 1 side, causing the injured worker to fall about 8 feet to a concrete floor. Diagnoses were cervical spine sprain/strain; clinical cervical radiculopathy; tendinitis/impingement syndrome, right shoulder, rule out rotator cuff tear; status post open reduction internal fixation, right olecranon process and coronoid process fractures, with palpable loose bodies; lumbar spine sprain/strain; left knee sprain/strain with degenerative changes, chondromalacia, synovitis, and possible internal derangement; and status post previous lumbar spine surgery. Past treatments were physical therapy. Diagnostic studies were CT of the right elbow, MRI of the left knee, and x-rays of the lumbar spine. Surgical history was lumbar spine surgery and right elbow surgery. The physical examination on 07/08/2014 revealed complaints of continued pain and stiffness in the neck and upper back. There were complaints of persistent and increasing pain and stiffness in the right shoulder, ongoing pain in the right elbow, pain in the low back, and ongoing pain to the left knee. The physical examination of the cervical spine revealed tenderness to palpation over the para-axial musculature, with spasm present. The examination of the right shoulder revealed tenderness to palpation over the tip of acromion and supraspinatus tendon. Impingement testing was positive. The examination of the right elbow revealed a well-healed surgical scar. There was right elbow tenderness to palpation over the olecranon process, the coronoid, and the medial and lateral epicondyles. The examination of the lumbar spine revealed tenderness to palpation over the para-axial musculature, with spasticity. The straight leg raise was positive bilaterally at 60 degrees. Medications were not reported. The treatment plan was for a cortisone injection to the right shoulder and acupuncture. The request for authorization was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flexeril 10mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41 64.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 41 64.The Expert Reviewer's decision rationale: The CA MTUS states that "Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks." The efficacy of this medication was not reported. Medications were not reported on physical examination dated 07/08/2014. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Acupuncture 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Acupuncture Medical Treatment Guidelines. The Expert Reviewer's decision rationale: The CA MTUS guidelines state that "acupuncture is used an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions." It was not reported if the injured worker has had previous acupuncture treatments. It was not reported that physical rehabilitation or an exercise program was to be an adjunct to the acupuncture treatment. The request exceeds the recommended amount of 3 to 6 treatments. Therefore, the request is not medically necessary.

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://europepmc.org/abstract/med/11740312.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS http://europepmc.org/abstract/med/11740312. The Expert Reviewer's decision rationale: The California Medical Guidelines do not address this. In excess of 55% of adults in the United States are classified as either overweight (body mass index equal to or greater than 25-29.9 kg). To address this significant public health problem, the American College of Sports Medicine recommends that the combination of reductions in energy intake and increases in energy expenditure, through structured exercise and other forms of physical activity, be a component of weight loss intervention programs. An energy deficit of 500-1000 kcal.d-1 achieved through reductions in total energy intake is recommended. Moreover, it appears that reducing dietary fat intake to less than 30% of total energy intake may facilitate weight loss by reducing total energy intake. Although there may advantages to modifying protein and carbohydrate intake, the optimal doses of these macronutrients for weight loss have not been determined. Significant health benefits can be recognized with participation in a minimum of 150 minutes of moderate intensity exercise per week, and overweight and obese adults should progressively increase to this initial exercise goal. However, there may be advantages to progressively increasing exercise to 200 to 300 minutes of exercise per week, as recent scientific evidence indicates that this level of exercise facilitates the long-term maintenance of weight loss. The addition of resistance exercise to a weight loss intervention will increase strength and function but may not attenuate the loss of fat-free mass typically observed with reductions in total energy intake and loss of body weight. When medically indicated, pharmacotherapy may be used for weight loss, but pharmacotherapy appears to be most effective when used in combination with modifications of both eating and exercise behaviors. The American College of Sports Medicine recommends that the strategies outlined in this position paper be incorporated into interventions targeting weight loss and the prevention of weight re-gain for adults. The medical guidelines do not address weight loss programs. Therefore, the request is not medically necessary.